# **Sustaining State Programs**



for Tobacco Control

DATA HIGHLIGHTS 2006





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# Sustaining State Programs for Tobacco Control Data Highlights, 2006

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# Why Are Tobacco Control and Prevention Important?

- Cigarette smoking is the leading cause of preventable disease and death in the United States, resulting in approximately 438,000 deaths annually.<sup>1,2</sup> Approximately, 45.1 million U.S. adults—more than one in five Americans—are current cigarette smokers.<sup>3</sup> Smoking is a major cause of cancer and cardiovascular and respiratory diseases.<sup>1</sup> For each person who dies from a smoking-related disease, an estimated 20 more are living with a smoking-attributable illness.<sup>4</sup>
- The adverse health consequences of tobacco use compromise the quality of life of many Americans and impose substantial direct and indirect economic costs on society. Smoking-attributable health care expenditures totaled \$75 billion in 1998.<sup>4</sup> During 1997–2001, these expenditures plus productivity losses (\$92 billion) exceeded \$167 billion annually.<sup>2</sup> Without comprehensive, sustained efforts to reduce rates of tobacco use, health care and productivity costs related to tobacco will continue to increase.<sup>5</sup>
- Each year, an estimated 3,000 lung cancer deaths and 35,000 heart disease deaths among adults are caused by secondhand smoke exposure.<sup>2</sup> Secondhand smoke is also associated with health problems in young children, including risks for chronic middle-ear infections, asthma, bronchitis, and pneumonia.<sup>6</sup> Smoking bans and restrictions are effective interventions to reduce the amount of secondhand smoke and its exposure in various settings.<sup>7</sup> These policies are also associated with decreased cigarette consumption and may increase smoking cessation rates.<sup>7</sup>
- Smoking cessation greatly reduces the short- and long-term risks of smoking-related disease and death for men and women of any age. 8,9 Seventy percent of smokers report that they want to quit, but less than 5% of smokers who attempt to quit are able to stay tobacco-free for 3–12 months. 10 Success rates for quitting increase when evidence-based interventions such as health provider reminder systems, pharmacologic or behavioral cessation therapies, and telephone counseling (quitlines) are employed. 7
- Tobacco use among youth continues to be a problem in the United States.<sup>11</sup> In 2004, the number of people who smoked cigarettes for the first time was 2.1 million; most of these smokers were under the age of 18 years (67.8%).<sup>12</sup> Twenty-eight percent of high school students reported use of any tobacco product and 22.3% reported current use of cigarettes.<sup>13</sup> Although these estimates demonstrate a successful reduction in youth smoking since the late 1990s, the decline in smoking prevalence among middle and high school students may be stalling.<sup>13</sup> To achieve continued success in preventing the initiation and use of tobacco products among adolescents, the implementation and promotion of evidence-based strategies is needed. These strategies include tax increases on tobacco products, youth access interventions combined with community mobilization efforts, and countermarketing campaigns combined with other comprehensive tobacco prevention activities.<sup>7</sup>
- Current state funding levels for comprehensive tobacco prevention and control programs are sorely inadequate to support effective and sustained tobacco control efforts. Out of a total of the potentially available \$20 billion from excise taxes and tobacco settlement money, state spending on tobacco control has dropped from a high of \$749.7 million in 2002 to \$551 million in 2006.¹⁴ As of November 2005, only four states—Maine, Colorado, Delaware, and Mississippi—were spending the minimum per capita amount that the Centers for Disease Control and Prevention (CDC) recommends for tobacco control programs.¹⁴ Recent research demonstrates that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking—and the longer states invest in such programs, the greater and faster the impact.⁵ We have the ability to dramatically reduce the health and economic burdens of tobacco use by funding and implementing proven strategies. Achieving this goal will require ongoing collaboration among state decision makers, public health officials, business leaders, community members, and national partners.

# The Purpose of this Document

Because CDC is the lead federal agency for comprehensive tobacco prevention and control, a key priority for the Office on Smoking and Health (OSH) is supporting states in their efforts to preserve tobacco control capacity and infrastructure in the face of decreased funding. OSH's National Tobacco Control Program (NTCP) seeks to reduce disease, disability, and death related to tobacco use by:

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to secondhand smoke.
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Through the coordinated efforts of the NTCP and the activities of the Sustaining States workgroup at CDC (officially known as the "Promoting Sustainable Science-Based Comprehensive State Tobacco Control Programs at CDC-Recommended Levels priority"), OSH provides technical assistance to state tobacco control programs and other partners to help maintain and increase support for essential tobacco control activities.

In response to the decreased funding of state tobacco control programs and partners, OSH has prepared the following information to help you emphasize the importance of tobacco control programs. This publication provides national and state-specific surveillance data as of 2004 around the four major goal areas of NTCP and a broad range of measures that reflect the health and associated economic impact of tobacco use. Data Highlights, 2006 also includes sample statements on how to interpret and cite these data for the public, press, and decision makers.

In addition to this publication, OSH also provides many other data resources to aid states and national partners in their tobacco control efforts. These resources include, but are not limited to:

- The State Tobacco Activities Tracking and Evaluation (STATE) System: an electronic data warehouse containing up-to-date and historical state-level data on tobacco use prevention and control (www.cdc.gov/tobacco/statesystem).
- Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC): an online application that allows you to estimate the health and health-related economic consequences of smoking to adults and infants (www.cdc.gov/tobacco/sammec).

Additional resources can also be found on the OSH website (www.cdc.gov/tobacco).

# **Data Highlights**

Table 1. Smoking Prevalence (Adult and Youth), Percentage of Smokers Who Tried to

Quit Past Year, Smoking-Attributable Deaths, Projected Deaths

		Adults			g-Attributable (1997–2001)		Youth		
State	Prevalence of Smoking (%)	Number of Smokers	Try to Quit (%)	Annual Average	Annual Rate (Per 100,000)	Prevalence of Smoking (%) (Grades 9–12)*	Number of Smokers (Grades 9–12)*	Projected to Start Smoking	Projected to Die from Smoking
Alabama	24.9	844,000	47.1	7,400	321.1	24.0	47,000	543,000	174,000
Alaska	24.9	112,000	54.2	500	296.2	19.2	6,000	56,000	18,000
Arizona	18.6	766,000	49.4	6,300	248.9	20.9	45,000	328,000	105,000
Arkansas	25.7	524,000	45.6	4,900	334.1	34.7	44,000	200,000	64,000
California	14.8	3,869,000	51.4	37,800	261.0	13.2	57,000	1,862,000	596,000
Colorado	20.1	685,000	42.4	4,300	252.7	25.4	49,000	288,000	92,000
Connecticut	18.1	468,000	49.0	4,900	253.8	22.0	38,000	237,000	76,000
Delaware	24.5	154,000	48.7	1,200	296.0	22.4	7,000	57,000	18,000
D.C.	21.0	93,000	54.2	700	257.3	14.7	2,000	25,000	8,000
Florida	20.4	2,665,000	44.2	28,700	275.5	18.1	128,000	1,153,000	369,000
Georgia	20.1	1,288,000	54.8	10,300	312.3	20.9	77,000	576,000	184,000
Hawaii	NA	NA	NA	1,200	185.1	24.5	12,000	NA	NA
Idaho	17.5	174,000	47.2	1,500	254.1	14.0	10,000	75,000	24,000
Illinois	22.2	2,094,000	49.3	16,900	278.4	29.2	161,000	991,000	317,000
Indiana	25.0	1,147,000	47.5	9,800	322.2	21.3	60,000	499,000	160,000
Iowa	20.8	467,000	42.9	4,500	256.7	19.5	29,000	206,000	66,000
Kansas	19.8	400,000	43.7	3,900	270.8	21.1	28,000	170,000	54,000
Kentucky	27.6	876,000	47.6	7,700	378.1	32.7	53,000	334,000	107,000
Louisiana	23.6	776,000	51.8	6,400	309.1	36.4	79,000	340,000	109,000
Maine	21.0	214,000	55.3	2,200	303.8	20.5	13,000	85,000	27,000
Maryland	19.7	805,000	51.1	6,800	279.5	19.3	45,000	338,000	108,000
Massachusetts	18.5	910,000	52.5	9,000	258.6	20.9	57,000	366,000	117,000
Michigan	23.4	1,754,000	55.6	14,500	296.3	22.6	105,000	930,000	298,000
Minnesota	20.7	789,000	43.6	5,500	225.3	32.4	81,000	368,000	118,000
Mississippi	24.6	521,000	48.9	4,700	343.2	25.0	30,000	216,000	69,000
Missouri	24.1	1,040,000	43.0	9,800	325.0	24.8	65,000	436,000	140,000

NA: Not available. Survey data and/or weighted sample not available.

\* See table in Data Sources and Definitions for years of the data

\*\*Total number of smoking attributable deaths do not include burn, second hand smoke, or infant deaths.

Table 1. Smoking Prevalence (Adult and Youth), Percentage of Smokers Who Tried to

Quit Past Year, Smoking-Attributable Deaths, Projected Deaths

		Adults			g-Attributable (1997–2001)		Youth		
State	Prevalence of Smoking (%)	Number of Smokers	Try to Quit (%)	Annual Average	Annual Rate (Per 100,000)	Prevalence of Smoking (%) (Grades 9–12)*	Number of Smokers (Grades 9–12)*	Projected to Start Smoking	Projected to Die from Smoking
Montana	20.4	142,000	45.4	1,400	292.6	22.9	11,000	57,000	18,000
Nebraska	20.3	263,000	46.7	2,400	251.9	24.1	19,000	111,000	36,000
Nevada	23.2	393,000	41.4	3,100	370.4	19.6	19,000	146,000	47,000
New Hampshire	21.8	213,000	53.2	1,800	294.8	19.1	11,000	96,000	31,000
New Jersey	18.9	1,219,000	49.6	11,300	253.1	17.3	71,000	526,000	168,000
New Mexico	20.3	279,000	45.6	2,100	250.8	30.1	22,000	118,000	38,000
New York	20.0	2,900,000	51.5	25,500	259.6	20.2	157,000	1,216,000	389,000
North Carolina	23.2	1,475,000	49.2	11,900	307.0	27.3	98,000	604,000	193,000
North Dakota	19.9	96,000	43.9	900	233.0	30.2	11,000	36,000	11,000
Ohio	25.9	2,216,000	41.3	18,600	310.6	22.2	136,000	914,000	293,000
Oklahoma	26.1	688,000	45.1	5,800	321.7	26.5	44,000	273,000	87,000
Oregon	20.0	542,000	46.0	5,000	277.5	NA	NA	232,000	74,000
Pennsylvania	22.7	2,148,000	47.1	20,100	269.1	27.6	117,000	936,000	300,000
Rhode Island	21.3	178,000	53.1	1,700	283.0	19.3	9,000	73,000	23,000
South Carolina	24.5	773,000	49.1	5,900	303.3	36.0	62,000	321,000	103,000
South Dakota	20.3	115,000	46.4	1,100	253.8	30.0	12,000	57,000	18,000
Tennessee	26.1	1,156,000	46.6	9,500	333.6	27.6	71,000	412,000	132,000
Texas	20.6	3,291,000	46.4	24,200	287.4	24.3	283,000	1,573,000	503,000
Utah	10.5	172,000	53.7	1,100	144.9	7.3	11,000	82,000	26,000
Vermont	20.0	96,000	55.4	900	272.2	22.4	7,000	39,000	12,000
Virginia	20.9	1,171,000	44.8	9,300	288.7	NA	NA	475,000	152,000
Washington	19.2	886,000	51.6	7,600	279.1	NA	NA	386,000	124,000
West Virginia	26.9	382,000	46.2	3,900	361.6	28.5	23,000	142,000	46,000
Wisconsin	22.0	905,000	47.7	7,300	258.2	21.0	59,000	402,000	128,000
Wyoming	21.7	82,000	48.5	700	294.2	26.0	7,000	36,000	12,000
Median (M), Total (T), National (N)	20.9 (M)	44,500,000 (N)	47.7 (M)	398,000 (T)**	284.8 (N)	21.7 (N)	3,079,000 (N)	19,943,000 (T)	6,382,000 (T)

NA: Not available. Survey data and/or weighted sample not available.

<sup>\*</sup> See table in Data Sources and Definitions for years of the data

 $<sup>{\</sup>rm **Total\ number\ of\ smoking\ attributable\ deaths\ do\ not\ include\ burn,\ second\ hand\ smoke,\ or\ infant\ deaths.}$ 

Table 2. Smoking Prevalence Among Adults (2004)

		Rac	e/Ethnicity	y* (%)		Edu	cation (	(%)		ehold ne (%)		Age	(%)	
State	White	African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	< 12 Years	12 Years	> 12 Years	<35K	35K+	18–24	25–44	45–64	65+
Alabama	25.5	23.4	21.6	NA	34.5	34.6	26.7	19.4	30.7	19.6	29.1	28.1	26.3	12.1
Alaska	21.7	35.2	22.3	21.2	45.6	41.9	35.3	18.3	35.3	19.6	23.4	29.9	22.8	12.5
Arizona	20.7	27.1	15.3	17.3	24.6	19.1	21.4	16.7	22.0	16.3	21.7	21.6	19.8	7.9
Arkansas	24.7	23.5	27.0	NA	39.9	33.1	29.4	18.3	31.4	21.4	34.7	30.9	25.5	9.3
California	16.0	24.9	14.0	13.1	22.9	15.2	20.8	11.5	16.8	13.3	18.4	16.3	15.2	6.3
Colorado	18.3	16.5	23.2	14.2	32.4	35.1	27.0	13.3	29.9	15.5	29.1	22.3	17.7	9.7
Connecticut	17.8	19.4	20.9	16.7	36.0	28.2	24.1	12.5	24.4	16.5	31.2	20.1	17.8	6.7
Delaware	22.7	23.5	25.0	14.3	42.0	36.6	31.3	16.9	34.8	20.2	34.6	28.0	23.7	10.2
D.C.	14.2	25.8	23.5	23.1	NA	27.2	31.3	16.7	30.3	15.5	20.1	23.5	24.6	8.1
Florida	23.7	15.4	19.8	15.3	44.0	30.1	24.4	16.0	25.8	17.1	25.1	26.5	20.9	7.5
Georgia	22.0	19.7	13.7	21.4	38.0	30.7	20.4	15.9	25.0	17.0	26.5	20.6	20.2	11.2
Hawaii	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Idaho	17.3	NA	24.2	14.7	37.2	38.0	22.1	12.6	24.7	12.0	17.8	20.2	19.0	7.4
Illinois	23.0	25.4	23.0	16.0	26.0	31.1	26.3	16.8	29.8	19.1	31.4	26.2	19.9	9.4
Indiana	24.9	29.7	25.0	18.7	49.4	39.5	29.7	17.6	32.3	21.1	28.2	30.3	24.6	10.8
Iowa	21.0	21.9	22.8	18.2	NA	32.6	25.3	15.0	26.3	18.0	26.3	26.3	19.8	8.6
Kansas	19.6	22.3	21.8	22.1	33.0	28.7	24.9	15.1	26.6	15.5	26.4	21.9	20.2	9.4
Kentucky	29.1	30.2	16.2	NA	38.7	37.4	32.1	19.4	35.2	20.6	31.1	31.8	28.7	12.5
Louisiana	26.0	22.7	23.9	26.6	30.3	31.1	25.8	18.7	27.8	20.7	27.3	25.7	25.6	9.8
Maine	21.9	NA	30.5	NA	44.9	33.5	25.0	14.2	29.0	15.9	34.9	25.2	19.6	6.9
Maryland	20.2	20.4	16.7	11.7	49.5	34.4	30.8	12.9	29.0	16.7	24.7	21.9	19.4	10.0
Massachusetts	18.7	17.4	19.4	12.4	42.1	25.9	26.5	13.7	27.1	15.2	24.7	20.8	19.1	8.0
Michigan	24.3	26.6	25.2	9.4	35.3	33.5	27.2	16.0	31.8	19.0	40.6	25.1	22.0	8.5
Minnesota	20.5	25.3	23.6	16.2	46.3	26.6	29.3	14.5	28.6	18.0	32.3	23.0	20.0	7.1
Mississippi	26.7	21.3	32.4	NA	38.6	34.2	27.9	17.9	28.7	19.3	29.0	28.7	25.1	10.4
Missouri	25.4	23.9	21.8	13.4	56.2	38.2	26.4	18.0	31.5	20.1	31.1	29.2	23.4	9.8
NA: Not available							1			1				

NA: Not available. Survey data and/or weighted sample not available.
\*CDC, BRFSS 2003 and 2004. Data are shown only for racial/ethnic groups with at least 50 respondents.

Table 2. Smoking Prevalence Among Adults (2004)

		Rad	ce/Ethnicity	y* (%)		Edu	cation (	(%)		ehold ne (%)		Age	(%)	
State	White	African American	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	< 12 Years	12 Years	> 12 Years	<35K	35K+	18–24	25–44	45-64	65+
Montana	18.4	NA	27.5	NA	45.6	27.5	25.2	15.1	26.5	15.0	30.1	21.3	21.3	9.7
Nebraska	20.7	22.3	17.6	23.1	41.6	24.5	24.5	16.1	24.3	18.0	25.8	22.6	22.5	7.8
Nevada	24.7	20.1	22.3	14.4	37.9	32.1	27.6	18.8	26.1	21.3	25.5	24.8	24.4	14.5
New Hampshire	21.2	NA	16.5	15.3	45.7	43.1	28.9	13.8	35.0	17.0	34.9	25.2	19.0	9.3
New Jersey	19.6	20.4	18.3	12.3	30.3	22.5	23.6	15.2	22.8	17.8	24.0	22.1	18.6	9.3
New Mexico	20.5	24.6	23.0	12.7	14.6	31.4	24.1	15.2	26.5	15.3	23.8	23.6	20.2	10.2
New York	21.4	23.2	18.3	11.0	25.8	27.1	26.0	16.2	24.1	18.3	19.5	24.5	19.7	10.9
North Carolina	24.5	23.6	18.5	12.3	35.9	30.2	28.8	16.9	30.0	19.1	28.5	26.2	24.0	10.2
North Dakota	19.0	NA	13.1	NA	53.5	17.6	22.4	16.5	24.1	18.0	28.9	23.5	19.1	7.6
Ohio	25.1	30.3	24.1	2.7	51.5	44.3	29.5	18.9	33.8	21.6	33.4	31.1	26.4	8.8
Oklahoma	24.8	27.8	18.2	13.8	36.5	36.2	31.2	19.0	32.4	20.7	32.3	30.8	26.5	10.9
Oregon	20.4	34.7	13.7	13.4	44.5	27.3	28.2	14.4	29.1	14.6	23.6	24.8	18.8	9.1
Pennsylvania	23.0	32.3	27.7	12.1	NA	36.6	26.3	15.4	29.8	18.9	31.1	28.0	23.0	8.0
Rhode Island	21.8	23.3	15.7	21.8	51.7	24.1	24.9	17.2	26.4	18.9	28.4	26.0	20.0	8.8
South Carolina	24.7	23.2	32.7	13.0	53.2	36.6	29.8	17.2	31.3	20.5	30.3	29.3	24.2	8.7
South Dakota	19.8	NA	24.9	23.3	50.3	27.0	22.1	17.0	27.2	15.9	26.1	23.8	21.1	8.6
Tennessee	26.9	22.0	20.2	NA	NA	40.9	30.7	17.8	35.8	19.4	33.4	30.4	24.9	13.3
Texas	22.7	19.9	18.7	19.2	25.6	22.4	25.2	16.0	26.1	17.2	27.2	21.4	20.9	10.3
Utah	10.8	NA	11.7	11.0	15.9	23.1	16.6	6.5	14.8	8.2	12.4	11.8	9.8	4.7
Vermont	19.2	NA	23.2	20.1	44.2	36.4	26.4	12.9	28.9	15.0	29.1	23.5	18.8	7.9
Virginia	21.3	21.9	18.6	13.6	41.0	28.8	26.3	15.5	27.1	17.9	28.6	24.8	18.7	8.3
Washington	19.0	24.5	16.6	16.3	36.5	28.9	26.3	14.3	27.4	14.7	25.8	22.2	17.8	8.7
West Virginia	26.8	32.9	28.2	NA	NA	34.5	29.1	18.0	33.2	21.8	37.6	34.3	25.4	10.0
Wisconsin	21.4	29.7	22.1	16.8	28.0	29.6	24.5	18.0	27.3	19.6	28.4	26.3	22.0	7.8
Wyoming	22.2	NA	27.9	NA	55.8	37.2	28.3	15.5	29.3	17.4	27.1	26.3	20.5	9.8
Median	21.6	23.5	22.0	14.7	38.7	31.3	26.3	16.0	28.6	18.0	28.4	25.0	20.7	9.3

NA: Not available. Survey data and/or weighted sample not available.
\*CDC, BRFSS 2003 and 2004. Data are shown only for racial/ethnic groups with at least 50 respondents.

Table 3. Secondhand Smoke Policies, Cigarette Price Per Pack, State Tax Per Pack, and

Per Capita (Adult) Cigarette Consumption

_	People Pro Nonsmoking Poli	otected by cies (2001-2002)		r Pack (2004), State Tax P igarette Consumption (200	
State	Worksite (%)	Home (%)	Cigarette Price Per Pack	State Tax Per Pack	Per Capita (Adult) Cigarette Consumption
Alabama	66.8	62.1	3.57	0.43	115.15
Alaska	76.7	69.4	5.03	1.60	88.40
Arizona	71.6	75.9	3.97	1.18	56.57
Arkansas	64.2	57.1	3.54	0.57	105.78
California	80.0	77.5	3.84	0.87	44.64
Colorado	68.9	70.3	3.43	0.84	80.70
Connecticut	73.7	70.5	4.71	1.51	69.46
Delaware	72.2	64.3	3.41	0.55	225.95
D.C.	76.2	67.5	4.20	1.00	48.65
Florida	65.7	71.8	3.25	0.34	94.26
Georgia	63.4	69.1	3.36	0.37	91.04
Hawaii	62.3	68.3	5.04	1.40	61.82
Idaho	70.9	74.1	3.50	0.57	81.30
Illinois	69.1	60.3	4.35	0.98	80.16
Indiana	60.6	57.3	3.45	0.56	130.49
Iowa	69.6	61.7	3.27	0.36	108.35
Kansas	71.8	64.2	3.75	0.79	74.80
Kentucky	59.1	50.0	3.01	0.30	226.90
Louisiana	64.2	65.5	3.41	0.36	114.81
Maine	81.4	63.0	4.06	2.00	91.29
Maryland	77.8	67.7	4.02	1.00	64.69
Massachusetts	81.6	70.5	5.03	1.51	56.64
Michigan	65.5	58.0	5.09	2.00	91.04
Minnesota	74.7	66.3	3.52	1.23	95.63
Mississippi	67.0	62.0	3.20	0.18	118.28
Missouri	66.0	56.6	3.09	0.17	137.02

Table 3. Secondhand Smoke Policies, Cigarette Price Per Pack, State Tax Per Pack, and

Per Capita (Adult) Cigarette Consumption

		otected by cies (2001-2002)	Cigarette Price Pe	r Pack (2004), State Tax P igarette Consumption (200	
State	Worksite (%)	Home (%)	Cigarette Price Per Pack	State Tax Per Pack	Per Capita (Adult) Cigarette Consumption
Montana	70.6	67.1	3.94	1.70	86.81
Nebraska	70.3	63.8	3.62	0.64	81.90
Nevada	51.5	68.7	3.83	0.80	90.46
New Hampshire	76.5	67.0	3.52	0.80	192.16
New Jersey	75.2	68.3	5.62	2.40	56.75
New Mexico	70.9	71.7	3.88	0.91	46.99
New York	76.9	63.4	5.49	1.50	44.19
North Carolina	67.4	57.1	3.03	0.30	125.16
North Dakota	71.6	62.8	3.40	0.44	84.17
Ohio	66.0	56.4	3.50	1.25	113.19
Oklahoma	70.5	60.9	3.22	1.03	133.91
Oregon	74.0	73.5	4.14	1.18	71.66
Pennsylvania	71.8	60.2	4.30	1.35	89.09
Rhode Island	77.0	65.5	5.45	2.46	78.51
South Carolina	65.7	67.6	3.12	0.07	120.47
South Dakota	65.3	61.1	3.51	0.53	91.38
Tennessee	66.0	56.1	3.18	0.20	125.00
Texas	67.9	71.1	3.36	0.41	76.10
Utah	85.2	83.1	3.76	0.70	48.70
Vermont	78.1	64.6	4.44	1.19	87.98
Virginia	71.7	64.5	3.28	0.30	127.25
Washington	71.7	71.3	4.73	2.03	48.99
West Virginia	69.3	50.2	3.36	0.55	131.61
Wisconsin	68.7	61.8	3.76	0.77	91.52
Wyoming	67.0	60.8	3.62	0.60	61.09
National (N) Average (A)	70.9 (N)	66.0 (N)	3.87 (A)	0.92 (A)	95.27 (A)

Table 4. Smoking-Attributable Costs (2004)

			Smokin	g-Attributable Cost	s (2004)		
State	Medical Costs (Total)	Medical Costs Per Pack	Productivity Costs (Total)	Productivity Costs Per Pack	Direct Medicaid Costs (Total)	Medicaid Costs Per Pack	Medicaid Costs Per Capita (Adult)
Alabama	1,499,000,000	3.79	2,051,000,000	5.18	238,000,000	0.60	69.27
Alaska	169,000,000	4.09	157,000,000	3.80	77,000,000	1.86	164.81
Arizona	1,287,000,000	5.42	1,492,000,000	6.28	316,000,000	1.33	75.30
Arkansas	812,000,000	3.70	1,306,000,000	5.95	242,000,000	1.10	116.57
California	9,142,000,000	7.79	8,585,000,000	7.31	2,959,000,000	2.52	112.52
Colorado	1,314,000,000	4.76	992,000,000	3.59	319,000,000	1.15	93.21
Connecticut	1,631,000,000	8.81	1,017,000,000	5.49	430,000,000	2.32	161.36
Delaware	284,000,000	1.97	304,000,000	2.11	79,000,000	0.55	124.05
D.C.	243,000,000	11.25	233,000,000	10.79	78,000,000	3.61	175.69
Florida	6,320,000,000	5.01	6,479,000,000	5.13	1,250,000,000	0.99	93.33
Georgia	2,252,000,000	3.81	3,082,000,000	5.21	537,000,000	0.91	82.66
Hawaii	336,000,000	5.64	308,000,000	5.17	117,000,000	1.96	121.35
Idaho	319,000,000	3.84	333,000,000	4.01	83,000,000	1.00	81.30
Illinois	4,106,000,000	5.41	4,292,000,000	5.65	1,570,000,000	2.07	165.69
Indiana	2,084,000,000	3.44	2,495,000,000	4.12	487,000,000	0.80	105.02
Iowa	1,017,000,000	4.13	963,000,000	3.91	301,000,000	1.22	132.37
Kansas	927,000,000	6.04	863,000,000	5.62	196,000,000	1.28	95.52
Kentucky	1,500,000,000	2.09	2,138,000,000	2.98	487,000,000	0.68	153.83
Louisiana	1,474,000,000	3.83	1,919,000,000	4.99	663,000,000	1.72	197.86
Maine	602,000,000	6.37	494,000,000	5.23	216,000,000	2.29	208.67
Maryland	1,964,000,000	7.29	1,783,000,000	6.62	476,000,000	1.77	114.33
Massachusetts	3,543,000,000	12.63	1,923,000,000	6.86	1,046,000,000	3.73	211.21
Michigan	3,401,000,000	4.93	3,802,000,000	5.51	1,128,000,000	1.63	148.83
Minnesota	2,063,000,000	5.59	1,205,000,000	3.26	465,000,000	1.26	120.45
Mississippi	719,000,000	2.82	1,413,000,000	5.55	264,000,000	1.04	122.60
Missouri	2,137,000,000	3.57	2,417,000,000	4.04	532,000,000	0.89	121.74

Table 4. Smoking-Attributable Costs (2004)

			Smokin	g-Attributable Cost	s (2004)		
State	Medical Costs (Total)	Medical Costs Per Pack	Productivity Costs (Total)	Productivity Costs Per Pack	Direct Medicaid Costs (Total)	Medicaid Costs Per Pack	Medicaid Costs Per Capita (Adult)
Montana	277,000,000	4.44	295,000,000	4.73	67,000,000	1.07	93.21
Nebraska	537,000,000	5.00	499,000,000	4.64	134,000,000	1.25	102.08
Nevada	565,000,000	3.61	832,000,000	5.31	123,000,000	0.79	71.05
New Hampshire	564,000,000	2.95	405,000,000	2.12	115,000,000	0.60	115.64
New Jersey	3,178,000,000	8.56	2,624,000,000	7.07	967,000,000	2.60	147.80
New Mexico	461,000,000	6.95	467,000,000	7.04	184,000,000	2.78	130.40
New York	8,171,000,000	12.62	6,018,000,000	9.29	5,471,000,000	8.45	373.33
North Carolina	2,463,000,000	3.06	3,307,000,000	4.11	769,000,000	0.96	119.73
North Dakota	247,000,000	5.92	190,000,000	4.56	47,000,000	1.13	94.87
Ohio	4,375,000,000	4.45	4,658,000,000	4.74	1,426,000,000	1.45	164.29
Oklahoma	1,162,000,000	3.26	1,556,000,000	4.36	218,000,000	0.61	81.84
Oregon	1,116,000,000	5.68	1,077,000,000	5.48	287,000,000	1.46	104.66
Pennsylvania	5,193,000,000	6.09	4,637,000,000	5.44	1,710,000,000	2.01	178.70
Rhode Island	506,000,000	7.70	364,000,000	5.54	179,000,000	2.72	213.91
South Carolina	1,095,000,000	2.86	1,835,000,000	4.80	393,000,000	1.03	123.84
South Dakota	274,000,000	5.17	228,000,000	4.30	58,000,000	1.09	100.00
Tennessee	2,166,000,000	3.84	2,740,000,000	4.86	680,000,000	1.21	150.79
Texas	5,831,000,000	4.72	6,445,000,000	5.22	1,620,000,000	1.31	99.86
Utah	345,000,000	4.30	273,000,000	3.40	104,000,000	1.30	63.07
Vermont	233,000,000	5.44	197,000,000	4.60	72,000,000	1.68	148.00
Virginia	2,087,000,000	2.90	2,427,000,000	3.37	401,000,000	0.56	70.91
Washington	1,957,000,000	8.47	1,743,000,000	7.54	651,000,000	2.82	137.99
West Virginia	690,000,000	3.66	993,000,000	5.27	229,000,000	1.22	160.06
Wisconsin	2,024,000,000	5.26	1,642,000,000	4.27	480,000,000	1.25	114.26
Wyoming	136,000,000	5.71	155,000,000	6.51	37,000,000	1.55	94.97
Average	1,898,000,000	5.31	1,915,000,000	5.16	607,000,000	1.63	129.90

Table 5. State Rankings on Prevalence, Smoking-Attributable Deaths (Adult, Youth), Percentage of Smokers Who Tried to Quit Past Year, Secondhand Smoke Policies

	Adults			Youth	People Protected by Nonsmoking Policies		
State	Prevalence of Smoking	Try to Quit	Smoking-Attributable Death Rate	Prevalence of Smoking (Grades 9–12)	Worksite	Home	
Alabama	42	29	42	27	37	34	
Alaska	42	5	34	8	9	13	
Arizona	6	17	5	15	21	3	
Arkansas	45	37	47	46	45	45	
California	2	14	18	2	4	2	
Colorado	15	48	8	33	31	12	
Connecticut	4	21	10	21	15	10	
D.C.	26	5	14	4	11	20	
Delaware	39	23	33	23	16	28	
Florida	20	42	22	6	41	6	
Georgia	15	4	41	15	47	14	
Hawaii	NA	NA	2	30	48	16	
Idaho	3	28	12	3	23	4	
Illinois	32	18	24	40	30	41	
Indiana	44	27	44	20	49	44	
Iowa	24	47	13	11	28	37	
Kansas	10	44	20	19	17	29	
Kentucky	50	26	51	45	50	51	
Louisiana	37	11	39	48	45	24	
Maine	26	3	37	14	3	32	
Maryland	9	15	26	9	6	18	
Massachusetts	5	10	16	15	2	10	
Michigan	36	1	35	25	43	43	
Minnesota	23	45	3	44	13	23	
Mississippi	41	22	48	32	35	35	
Missouri	38	46	45	31	38	47	

Measures in descending order: Try to Quit, Percentage of People Protected by Nonsmoking Policies at Worksite and Home Measures in ascending order: Prevalence of Smoking, Smoking-Attributable Deaths, Youth Prevalence of Smoking

Table 5. State Rankings on Prevalence, Smoking-Attributable Deaths (Adult, Youth), Percentage of Smokers Who Tried to Quit Past Year, Secondhand Smoke Policies

	Adults			Youth	People Protected by	Nonsmoking Policies
State	Prevalence of Smoking	Try to Quit	Smoking-Attributable Death Rate	Prevalence of Smoking (Grades 9–12)	Worksite	Home
Montana	20	39	30	26	25	21
Nebraska	17	31	7	28	27	30
Nevada	34	49	50	12	51	15
New Hampshire	30	8	32	7	10	22
New Jersey	7	16	9	5	12	16
New Mexico	17	37	6	42	23	7
New York	12	13	17	13	8	31
North Carolina	34	19	38	36	34	45
North Dakota	11	43	4	43	21	33
Ohio	46	50	40	22	38	48
Oklahoma	47	40	43	35	26	39
Oregon	12	36	23	NA	14	5
Pennsylvania	33	29	19	37	17	42
Rhode Island	28	9	27	9	7	24
South Carolina	39	20	36	47	41	19
South Dakota	17	33	10	41	44	38
Tennessee	47	32	46	37	38	49
Texas	22	33	28	29	33	9
Utah	1	7	1	1	1	1
Vermont	12	2	21	23	5	26
Virginia	25	41	29	NA	19	27
Washington	8	12	25	NA	19	8
West Virginia	49	35	49	39	29	50
Wisconsin	31	25	15	18	32	36
Wyoming	29	24	31	34	35	40

Measures in descending order: Try to Quit, Percentage of People Protected by Nonsmoking Policies at Worksite and Home Measures in ascending order: Prevalence of Smoking, Smoking-Attributable Deaths, Youth Prevalence of Smoking

Table 6. State Rankings on Cigarette Price, Tax, and Smoking-Attributable Costs

	Price a	nd Tax	Smoking-Attributable Costs					
State	Cigarette Price Per Pack	State Tax Per Pack	Medical Costs Per Pack	Productivity Costs Per Pack	Medicaid Costs Per Pack	Medicaid Costs Per Capita (Adult)		
Alabama	27	39	14	27	3	2		
Alaska	6	7	19	8	38	43		
Arizona	17	16	32	42	30	5		
Arkansas	28	32	13	41	18	24		
California	20	23	45	48	44	20		
Colorado	35	24	25	7	20	9		
Connecticut	9	8	48	35	43	41		
D.C.	13	19	49	51	49	45		
Delaware	36	35	1	1	1	31		
Florida	44	44	28	25	12	11		
Georgia	39	41	15	28	10	8		
Hawaii	5	11	35	26	39	27		
Idaho	32	32	17	10	13	6		
Illinois	11	21	31	40	41	44		
Indiana	34	34	9	13	8	19		
Iowa	43	42	20	9	22	33		
Kansas	24	27	39	39	27	14		
Kentucky	51	45	2	3	6	39		
Louisiana	36	42	16	24	36	47		
Maine	15	4	41	30	42	48		
Maryland	16	19	43	44	37	22		
Massachusetts	6	8	51	45	50	49		
Michigan	4	4	26	36	34	37		
Minnesota	29	14	34	4	26	26		
Mississippi	46	49	3	38	15	29		
Missouri	49	50	10	11	9	28		

 ${\it Measures in descending order: Cigarette Price Per Pack, State Tax Per Pack}$ 

Measures in ascending order: Smoking-Attributable Medical Costs Per Pack, Smoking-Attributable Productivity Costs Per Pack, Smoking Attributable Medicaid Costs Per Pack, and Smoking-Attributable Medicaid Costs Per Capita

Table 6. State Rankings on Cigarette Price, Tax, and Smoking-Attributable Costs

	Price a	nd Tax	Smoking-Attributable Costs					
State	Cigarette Price Per Pack	State Tax Per Pack	Medical Costs Per Pack	Productivity Costs Per Pack	Medicaid Costs Per Pack	Medicaid Costs Per Capita (Adult)		
Montana	18	6	22	20	16	9		
Nebraska	25	30	27	19	24	17		
Nevada	21	25	11	32	7	4		
New Hampshire	29	25	6	2	3	23		
New Jersey	1	2	47	47	45	35		
New Mexico	19	22	42	46	47	32		
New York	2	10	50	50	51	51		
North Carolina	50	45	7	12	11	25		
North Dakota	38	38	38	17	19	12		
Ohio	32	13	23	21	31	42		
Oklahoma	45	18	8	16	5	7		
Oregon	14	16	36	34	32	18		
Pennsylvania	12	12	40	33	40	46		
Rhode Island	3	1	44	37	46	50		
South Carolina	48	51	4	22	14	30		
South Dakota	31	37	29	15	17	16		
Tennessee	47	48	17	23	21	38		
Texas	39	40	24	29	29	15		
Utah	22	29	21	6	28	1		
Vermont	10	15	33	18	35	36		
Virginia	42	45	5	5	2	3		
Washington	8	3	46	49	48	34		
West Virginia	39	35	12	31	22	40		
Wisconsin	22	28	30	14	24	21		
Wyoming	25	31	37	43	33	13		

Measures in descending order: Cigarette Price Per Pack, State Tax Per Pack
Measures in ascending order: Smoking-Attributable Medical Costs Per Pack, Smoking-Attributable Productivity Costs Per Pack, Smoking-Attributable Medicaid Costs Per Pack, and Smoking-Attributable Medicaid Costs Per Capita

# Sample Messages for Data Measures

# Table 1

# Prevalence and number of adults who smoke

■ <X> percent or <Y#> adults in <STATE> smoke.

Example: Twenty-five percent (25.0%) or 1,147,000 adults in Indiana smoke.

# Number of daily smokers who try to quit

■ Among those adults who smoke every day in <STATE>, <X> percent tried to quit in 2004.

Example: Among those adults who smoke every day in New Hampshire, 53.2% tried to quit in 2004.

# Number of deaths attributable to cigarette smoking

■ Cigarette smoking is the leading cause of preventable death in <STATE>, killing an estimated <X#> people each year.

Example: Tobacco-related illnesses are the leading cause of preventable death in <u>Virginia</u>, killing an estimated <u>9,300</u> people each year.

■ For every 100,000 people aged 35 years or older in <STATE>, an estimated <X#> die each year from cigarette smoking.

Example: For every 100,000 people aged 35 years or older in Georgia, an estimated 312.3 die each year from cigarette smoking.

# Prevalence and number of youth who smoke (grades 9–12)

■ Each day, approximately 3,900 youths in the United States aged 12–17 try their first cigarette, and an estimated 1,500 become daily smokers. In <STATE> alone, <X> percent (or <X#>) of high school students (grades 9–12) are current smokers.

Example: Each day, approximately 3,900 youths in the United States aged 12–17 try their first cigarette, and an estimated 1,500 become daily smokers. In <u>Missouri</u> alone, <u>24.8</u>% (or 65,000) of high school students (grades 9–12) are current smokers.

# Number of youth projected to start smoking

■ If current smoking trends continue, <X#> youth under age 18 in <STATE> could become future smokers.

Example: If current smoking trends continue, 321,000 youth under age 18 in South Carolina could become future smokers.

#### Number of projected deaths among youth who smoke

■ If current smoking trends continue, <X#> youth under age 18 in <STATE> could die prematurely from cigarette smoking.

Example: If current smoking trends continue, <u>92,000</u> youth under age 18 in <u>Colorado</u> could die prematurely from cigarette smoking.

# Table 2

# Prevalence of smoking by

# Race/ethnicity\*

■ In <STATE>, the prevalence of cigarette smoking is highest among <Race5> (<V> percent), followed by <Race4> (<W> percent), <Race3> (<X> percent), <Race2> (<Y> percent), and <Race1> (<Z> percent).

Example: In <u>Washington</u>, the prevalence of cigarette smoking is highest among <u>American Indian/Alaska Natives</u> (36.5%), followed by <u>African Americans</u> (24.5%), <u>non-Hispanic whites</u> (19.0%), <u>Hispanics</u> (16.6%), and <u>Asian/Pacific Islanders</u> (16.3%).

# **Education\***

■ <X> percent of <STATE> residents aged 25 and older with less than a high school education smoke, compared to <X> percent with more than a high school education.

Example: <u>Twenty-seven</u> percent (<u>27.0</u>%) of <u>South Dakota</u> residents aged 25 and older with less than a high school education smoke, compared to <u>17.0</u>% with more than a high school education.

## Household income\*

<X> percent of <STATE> residents with a household income less than \$35,000 per year smoke, compared to <Y> percent of <STATE> residents with a household income \$35,000 or more.

Example: Twenty-two percent (22.0%) of <u>Arizona</u> residents with a household income less than \$35,000 per year smoke, compared to 16.3% of <u>Arizona</u> residents with a household income \$35,000 or more.

# Age\*

■ In <STATE>, smoking rates are highest among those aged <AGE1> (<X> percent) and lowest among those aged <AGE2> (<Y> percent).

Example: In <u>Delaware</u>, smoking rates are highest among those aged <u>18–24</u> (<u>34.6</u>%) and lowest among those aged <u>65 and older</u> (<u>10.2</u>%).

\*Note: To determine if the differences are statistically significant, tests of significance should be calculated.

#### Table 3

# People protected by nonsmoking policies at worksite/home

■ In <STATE>, <X> percent of employees report that nonsmoking policies protect them from exposure to secondhand smoke in the worksite.

Example: In Nevada, 51.5% of employees report that nonsmoking policies protect them from exposure to secondhand smoke in the worksite.

■ <X> percent of residents in <STATE> report they have a rule that smoking is not allowed in their home.

Example: <u>Sixty-seven</u> percent (67.0%) of residents in <u>New Hampshire</u> report they have a rule that smoking is not allowed in their home.

# Cigarette price per pack

■ In 2004, each pack of cigarettes in <STATE> cost an estimated \$<X>.

Example: In 2004, each pack of cigarettes in Alaska cost an estimated \$5.03.

# State tax on cigarettes

■ In 2005, the tax on one pack of cigarettes was \$<X> in <STATE>.

Example: In 2005, the tax on one pack of cigarettes was \$2.00 in Michigan.

## **Cigarette consumption**

■ In 2004, an estimated <X> packs of cigarettes per adult were purchased in <STATE>.

Example: In 2004, an estimated 226.90 packs of cigarettes per adult were purchased in Kentucky.

# Table 4

# Smoking-attributable medical expenditures

■ In 2004, direct medical expenses due to smoking reached approximately \$<X> in <STATE>.

Example: In 2004, direct medical expenses due to smoking reached approximately \$4,106,000,000 in Illinois.

OR

In 2004, direct medical expenses due to smoking reached approximately \$4.11 billion in Illinois.

■ In 2004, each pack of cigarettes sold in <STATE> cost an estimated \$<X> in direct medical expenses attributable to smoking.

Example: In 2004, each pack of cigarettes sold in the <u>District of Columbia</u> cost an estimated \$11.25 in direct medical expenses attributable to smoking.

# **Smoking-attributable productivity loss**

In 2004, the cost of lost productivity due to smoking reached approximately \$<X> in <STATE>.

Example: In 2004, the cost of lost productivity due to smoking reached approximately \$1,923,000,000 in Massachusetts.

OR

In 2004, the cost of lost productivity due to smoking reached approximately \$1.92 billion in Massachusetts.

■ In 2004, each pack of cigarettes sold in <STATE> cost an estimated \$<X> in lost productivity due to smoking Example: In 2004, each pack of cigarettes sold in <u>Kansas</u> cost an estimated \$5.62 in lost productivity due to smoking.

# Smoking-attributable Medicaid expenditures

■ In 2004, Medicaid costs for treating smoking-related diseases were approximately \$<X> in <STATE>.

Example: In 2004, Medicaid costs for treating smoking-related diseases were approximately \$1,250,000,000 in Florida.

OR

In 2004, Medicaid costs for treating smoking-related diseases were approximately \$1.25 billion in Florida.

■ For each pack of cigarettes sold in 2004, <STATE> spent an estimated \$<X> in Medicaid costs to treat smoking-related diseases.

Example: For each pack of cigarettes sold in 2004, <u>Rhode Island</u> spent an estimated \$2.72 in Medicaid costs to treat smoking-related diseases.

■ In 2004, Medicaid costs for treating smoking-related diseases were \$<X> per adult in <STATE>. Example: In 2004, Medicaid costs for treating smoking-related diseases were \$63.07 per adult in <u>Utah</u>.

# **Data Sources and Definitions**

# Prevalence (Adult and Youth), Percentage of Smokers Who Try to Quit, Smoking-Attributable Deaths, Projected Deaths

## **Adults**

# Prevalence of smoking

- Source of data: Centers for Disease Control and Prevention. State-specific prevalence of current cigarette smoking among adults—United States, 2004. *MMWR* 2005;54:1124–1127. Current smokers are defined as adults aged 18 years and older who reported ever smoking at least 100 cigarettes and who currently smoke every day or some days.
- Hawaii completed 3 of 12 months of interviews in 2004; these data are not available in the aggregate 2004 dataset. For comparison purposes, the median for all states is presented.

#### Number of smokers

- Source of data: CDC Behavioral Risk Factor Surveillance System (BRFSS) 2004. State population estimates for adults 18 years and older are from Claritas (2004). www.claritas.com
- Current smokers are defined as adults aged 18 years and older who reported ever smoking at least 100 cigarettes and who currently smoke every day or some days.
- Hawaii completed 3 of 12 months of interviews in 2004; these data are not available in the aggregate 2004 dataset.
- Estimates are rounded to the nearest thousand.

For comparison purposes, the national estimate published in MMWR (2005;54(44):1122) is presented.

# Percentage who try to quit

- Source of data: (BRFSS 2004).
- Among current smokers who smoke every day, a quit attempt is defined as those who had stopped smoking for 1 day or longer in the past 12 months.

For comparison purposes, the median for all states is presented.

# AII

# Smoking-attributable deaths (total and rate per 100,000)

- Source of data: Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC). Available at http://apps.nccd.cdc.gov/sammec/login.asp (*Last date accessed: 12/5/2005*)
- For both average annual smoking-attributable mortality totals and average annual age-adjusted SAM Rate per 100,000, data are annual averages among adults aged 35 years and older, from 1997 to 2001. Neither estimate includes burn or secondhand smoke, or infant deaths.
- Smoking-attributable death totals are rounded to the nearest hundreds.

  For comparison purposes, the national estimates for SAM and SAM rates from SAMMEC (1997–2001) are reported.

# Youth

# Prevalence of smoking (grades 9–12)

- Source of data: State-specific data are from the Youth Tobacco Survey (YTS) or Youth Risk Behavior Surveillance System (YRBS), most recent year (see surveys and dates below). Data from surveys included in this report had an overall response rate of at least 60%. Thus, the data were weighted and can be generalized to all high school students in the state.
- Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Estimates apply to youth in school in grades 9–12.

YTS 2004	YRBS 2003	YTS 2003	YTS (other years)	YRBS (other years)
Alabama	Alaska	California	Colorado (2000)	Arkansas (2001)
Delaware	Arizona		Connecticut (2002)	Louisiana (1997)
Indiana	Florida		D.C. (2000)	New Mexico (1991)
Iowa	Georgia		Hawaii (2000)	South Carolina (1999)
New Hampshire	Idaho		Illinois (2002)	
New Jersey	Kentucky		Kansas (2002)	
North Carolina	Maine		Maryland (2002)	
Vermont	Massachusetts		Minnesota (2000)	
Wisconsin	Michigan		Pennsylvania (2001)	
	Mississippi			
	Missouri			
	Montana			
	Nebraska			
	Nevada			
	New York			
	North Dakota			
	Ohio			
	Oklahoma			
	Rhode Island			
	South Dakota			
	Tennessee			
	Texas			
	Utah			
	West Virginia			
	Wyoming			

For comparison purposes for youth smoking prevalence, the national estimate from the 2004 National Youth Tobacco Survey (NYTS) is presented.

# Number of smokers (grades 9–12)

- Source of Data: State-specific data are from the YTS or YRBS, most recent year (see surveys and dates above).
- Current smokers are defined as those students who reported smoking cigarettes on 1 or more of the past 30 days preceding the survey. Estimates apply to youth in school in grades 9–12.
- Figures are rounded to the nearest thousand.

For comparison purposes for total number of smokers, the national prevalence estimate is multiplied by total school enrollment (grades 9, 10, 11, 12) in the 2003–2004 academic year from the National Center for Education Statistics: http://nces.ed.gov/ccd/bat/index.asp (Last date accessed: 11/9/2005)

# Youth projected to start smoking

- Source of Data: The average prevalence of smoking among adults aged 18–30 years for each state from the 2003–2004 BRFSS was used to estimate the future prevalence of smoking during early adulthood for the birth cohorts currently aged 0–17 years of age. The number of people aged 0–17 years in each state was obtained from U.S. Census Bureau data (July 1, 2004 estimates). The following source also provides a more complete description of methodology: Centers for Disease Control and Prevention. Projected Smoking-Related Deaths Among Youth—United States. *MMWR* 1996;45(44):977-984.
- Hawaii completed 3 of 12 months of interviews in 2004; these data are not available in the aggregate 2004 dataset.
- Figures are rounded to the nearest thousand.

For comparison purposes, the total for all states is presented.

# Youth projected to die from smoking

- Source of Data: This measure is calculated from the estimates of *Youth Projected to Start Smoking* as well as estimates of premature deaths attributable to smoking among continuing smokers and among those who quit after age 35. The following source also provides a more complete description of methodology: Centers for Disease Control and Prevention. Projected Smoking-Related Deaths Among Youth—United States. *MMWR* 1996;45(44):977–984.
- Hawaii completed 3 of 12 months of interviews in 2004; these data are not available in the aggregate 2004 dataset.
- Figures are rounded to the nearest thousand.

For comparison purposes, the total for all states is presented.

# Smoking Prevalence Among Adults, 2004

# Race/ethnicity

■ Source of Data: CDC. BRFSS 2003 and 2004. Data are shown only for demographic groups with at least 50 respondents.

#### **Education**

■ Source of Data: CDC. BRFSS 2004. Data on education are presented for people aged 25 years or older.

## Household income, age

■ Source of Data: CDC. BRFSS 2004.

For comparison purposes, the median for all states is presented.

Note 1: A broad range of measures reflect the impact of tobacco use. Although prevalence of current cigarette smoking is presented, it is only one of many measures used to identify tobacco-related disparities.

Note 2: Hawaii completed 3 of 12 months of interviews in 2004; these data are not available in the aggregate 2004 dataset.

# Secondhand Smoke Policies, Cigarette Price Per Pack, State Tax Per Pack, and Per Capita Cigarette Consumption

#### Worksite, home

- Source of Data: Worksite and home data were calculated using Current Population Survey data from 2001–2002.
- For worksites, the data were collected from self-respondents 15 years and older who reported having a worksite policy stating that smoking was not allowed in indoor public or common areas and work areas.
- For homes, data were collected from self-respondents 15 years and older who reported having a rule that smoking was not allowed anywhere in their home.

For comparison purposes, the national prevalence is presented from the Current Population Survey 2001–2002.

# Cigarette price per pack

■ Source of data: Orzechowski W, Walker RC. *Tax Burden on Tobacco, Historical Compilation*. Arlington, Virginia, 2004; Volume 39.

For comparison purposes, the state average for 2004 is presented.

# State tax per pack

■ Source of Data: Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. 4th quarter, 2005 data. Available at: www.cdc.gov/tobacco/statesystem.

For comparison purposes, the state average tax for 2005 is presented.

# Per capita (adult) cigarette consumption

- Source of data: Orzechowski W, Walker RC. *Tax Burden on Tobacco, Historical Compilation*. Arlington, Virginia, 2004; Volume 39.
- Cigarette consumption per capita is the quantity of cigarettes consumed by each adult aged 18 years and older in 2004. It is measured as total tax paid sales divided by the state's adult population aged 18 years and older using Census Bureau population numbers.

For comparison purposes, the state average for 2004 is presented.

# **Smoking-Attributable Costs**

# **Smoking-attributable medical costs (total and per pack)**

- Source of data: Centers for Disease Control and Prevention. *Tobacco Control State Highlights 2002: Impact and Opportunity*. Atlanta, GA: U.S. Department of Health and Human Services; 2002.
- State cost per pack accounts for direct medical expenses. Direct medical expenses are updated from 1998 to 2004 dollars using the Medical Consumer Price Index.
- Total figures are rounded to the nearest million.

For comparison purposes, the state average for 2004 is presented for both measures.

# Smoking-attributable productivity costs (total and per pack)

- Source of Data: Centers for Disease Control and Prevention. *Tobacco Control State Highlights 2002: Impact and Opportunity*. Atlanta, GA: U.S. Department of Health and Human Services; 2002.
- State cost per pack accounts for lost productivity due to premature death. Direct productivity expenses are updated from 1997 2001 average to 2004 dollars using the Medical Consumer Price Index.
- Total figures are rounded to the nearest million.

For comparison purposes the state average for 2004 is presented for both measures.

Note: Smoking-attributable total costs can be calculated by simply adding smoking-attributable medical costs and smoking-attributable productivity costs for each state.

# Smoking-attributable Medicaid costs [total, per pack, per capita (adult)]

- Source of data: Centers for Disease Control and Prevention. "Tobacco Control State Highlights 2002: Impact and Opportunity." Smoking-attributable Medicaid costs are updated from 1998 to 2004 dollars, using the Medical Consumer Price Index. 2004 Census Bureau state population numbers for adults aged 18 years and older are used for per capita estimates.
- Total figures are rounded to the nearest million.

For comparison purposes, the state average for 2004 is presented.

# References

- 1. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.
- 2. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1997–2001. *MMWR* 2005;54:625–628.
- Centers for Disease Control and Prevention. Tobacco use among adults—United States, 2005. MMWR 2006;55:1145–1148.
- 4. Centers for Disease Control and Prevention. Cigarette smoking-attributable morbidity—United States, 2000. *MMWR* 2003;52:842–844.
- 5. Farrelly, MC, Pechacek, TF, Chaloupka, FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2004;22:843–859.
- 6. U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, DC: U.S. Environmental Protection Agency; 1992.
- 7. Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press; 2005.
- 8. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General.* Rockville, MD: Centers for Disease Control and Prevention; 1989.
- 9. U.S. Department of Health and Human Services. *The Health Benefits of Smoking Cessation. A Report of the Surgeon General.* Rockville, MD: Centers for Disease Control; 1990.
- 10. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2000. *MMWR* 2002;51:642–645.
- 11. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd edition. 2 vols. Washington, DC: U.S. Government Printing Office; 2000.
- 12. Substance Abuse and Mental Health Administration. Results from the 2004 National Survey on Drug Use & Health: Trends in Initiation of Substance Abuse. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005. www.oas.samhsa.gov/nhsda.htm
- 13. Centers for Disease Control and Prevention. Tobacco use, access, and exposure to tobacco in media among middle and high school students—United States, 2004. *MMWR*. 2005;54:298–301.
- 14. Campaign for Tobacco-Free Kids, American Heart Association, American Cancer Society, American Lung Association. *A Broken Promise to Our Children: The 1998 State Tobacco Settlement Seven Years Later*. 2005. www.tobaccofreekids.org/reports/settlements/2006/fullreport.pdf